



## Supplemental Application Data Sheet

### Application Information

Application Number::	09/341,048
Filing Date::	July 1, 1999
Application Type::	National Phase
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	0
Number of copies of CDs::	0
Sequence submission?::	No
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	TREATMENT OF THE EYE WITH A PHARMACEUTICAL COMPOSITION
Attorney Docket Number::	26775U
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	9
Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	N/a
Licensed U.S. Govt. Agency::	N/a
Contract or Grant Numbers::	N/a
Secrecy Order in Parent Appl.?::	No

**Applicant Information (1)**

Applicant Authority type::	Inventor
Primary Citizenship Country::	IL
Status::	Full Capacity
Given Name::	Naphtali
Middle Name::	
Family Name::	SAVION
Name Suffix::	
City of Residence::	Givat Shmuel
State or Province of Residence::	
Country of Residence::	IL
Street of Mailing address::	9/16 Oranim Street
City of mailing address::	Givat Shmuel
State/Province of mailing address::	
Country of mailing address::	IL
Postal Code of mailing address::	54052

**Applicant Information (2)**

Applicant Authority type::	Inventor
Primary Citizenship Country::	IL
Status::	Full Capacity
Given Name::	Arieh
Middle Name::	
Family Name::	SOLOMON
Name Suffix::	
City of Residence::	Tel Aviv
State or Province of Residence::	
Country of Residence::	IL
Street of Mailing address::	23 Lipsky Street
City of mailing address::	Tel Aviv
State/Province of mailing address::	
Country of mailing address::	IL
Postal Code of mailing address::	62105

**Correspondence Information**

Correspondence Customer Number::	20529
Name::	THE NATH LAW GROUP
Street of mailing address::	112 S. West Street
City of mailing address::	Alexandria
State or Province of mailing address::	VA
Country of mailing address::	US
Postal or Zip Code of mailing address::	22314
Phone number::	(703) 548-6284
Fax number::	(703) 683-8396
E-Mail address::	ip@nathlaw.com

**Representative Information**

Representative Customer Number::	20529
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date (MM/DD/YY) ::
This Application	National Stage of	PCT/IL1998/000012	01/13/98

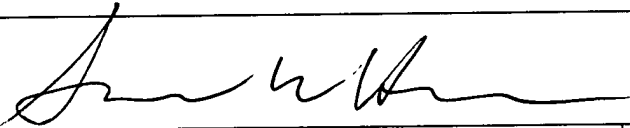
**Foreign Priority Information**

Country::	Application Number::	Filing Date:: (MM/DD/YY)	Priority Claimed::
IL	120005	01/14/97	YES

**Assignee Information**

Assignee name::	RAMOT AT TEL-AVIV UNIVERSITY LTD.
Street of mailing address::	P.O. Box 39296
City of mailing address::	Tel Aviv
State/Province of mailing address::	
Country of mailing address::	IL
Postal Code of mailing address::	61392

**Signature::**

Signature:: 			
First Name::	Susanne M.	Last Name::	Hopkins
Registration No.::	33,247	Date (MM/DD/YY)::	09/30/09